ECG Patch Reviewer Form

ADMINISTRATIVE INFORMATION
0a. Completion Date: __/__/______ 0b. Staff ID: __________

0c. Sensor serial number:

( max length=25)

Instructions: This form is completed by the reading center for each associated (and attached) ePatch report from BioTel and Zio report from iRhythm.

1. Were there any alerts?
   Yes .................. Y
   No .................. N → Go to item 2

Select all of the alerts that apply:

1a. Wide QRS tachycardia >120 bpm and sustained for > 30 seconds (includes monomorphic ventricular tachycardia, polymorphic ventricular tachycardia, ventricular fibrillation) .................................................................

1b. Complete heart block ........................................................................

1c. 2nd degree AV Block, Mobitz II .........................................................

1d. Pause > 6 seconds ............................................................................

1e. Bradycardia < 40 bpm and sustained for > 30 seconds .......................

1f. Atrial fibrillation/atrial flutter with average heart rate <40 bpm or >180 bpm and sustained for 60 seconds .............................................................

1g. Narrow QRS tachycardia > 180 bpm and sustained for 60 seconds ........

1h. Other alerts deemed important.........................................................

1h1. Specify other alert: ______________________________________________
2. Were there any abnormalities?
   Y = Yes
   N = No → Go to item 3

Select all of the abnormalities that apply:

2a. Atrial fibrillation
2b. Atrial flutter
2c. Supraventricular ectopy (SVE) /Premature atrial contractions (PACs)
2d. Supraventricular couplets
2e. Supraventricular triplets
2f. Supraventricular tachycardia
2g. Ventricular ectopy (VE) /Premature ventricular contractions (PVCs)
2h. Ventricular couplets
2i. Ventricular triplets
2j. Non-sustained ventricular tachycardia
2k. 2nd degree AV block, Mobitz I (AV Wenckebach)
2l. Paced beats
2m. Other abnormalities deemed important:
   2m1. Specify other abnormality: __________________________

3. Type of Letter to Send
   No Abnormal Findings: 1
   Abnormal Findings: 2
   Alerts Present: 3
   Poor Data Quality. No Results: 4

4. Comments:

   ________________________________________________